

take 1,500 million litres of the average spa water to reach a dangerous dose. Ointments containing radium salts may be dangerous, but do not now seem to be used. Emanotherapy is not included in the general regimen of treatment of rheumatic subjects in this country; spa treatment is used for the discipline incurred and for its value as a remedial agent in muscular re-education. Fitch, writing on mineral waters of the U.S.A., states that sciatica is curable by radio-active treatment, if it is continued long enough, by baths and springs. Such a statement, reviewed in the light of modern pathology, leads to increased confidence in time, but not in radio-activity, as a cure, and such criticism is applicable to many aspects of this controversial subject.

### Persistent Sinus after Resection of Rectum

**Q.**—A woman aged 60 had an abdomino-perineal resection of the rectum for carcinoma five months ago. She has a left inguinal colostomy functioning normally. The perineal wound was treated in the usual way, and the patient got up early so that the "dead space" would be minimized by downward pressure. A narrow sinus about 4 inches (10 cm.) long persists in the rectal and anal region. The entrance is kept open with dilators, and the sinus has been irrigated with saline, packed lightly with ribbon gauze, and once or twice curetted, but it shows no sign of healing. There is a slight mucoid discharge. What further treatment do you advise?

**A.**—The discharge is not purulent, so it is unlikely that the cause of the persistence of the sinus is infection; the presence of mucus makes one rather suspicious of some communication either with mucous membrane or with a glandular secondary focus. The first thing to do is to demonstrate the whole extent of the track by taking a radiograph after the injection of lipiodol (or other suitable radio-opaque substance) into the sinus; this might show unsuspected extension higher up the pelvis, or even a fistula into the region of the posterior vaginal fornix. The next step would be to open up the sinus sufficiently to explore it with the finger so as to make sure there is no tag of a silk ligature, or even a tiny strip of gauze, at the bottom. If no sufficient cause be found, the local therapeutic effect of x-rays might well be tried.

### Bringing Up Baby

**Q.**—To what degree is it permissible to "thwart" a baby of 3 months? To amplify: Instance 1.—The child has just been fed, is dry, and so far as one can tell free of further troubles. One wishes to put him down but he evidently wants company. Is one justified in putting him in his cot and establishing a rule that when he has been fed and received attention he is to be left? Will this help to eliminate conflict and make him happier—on the assumption that he will soon learn that he won't be picked up at that time of day; or will his happiness be best served by according him his mother's love at his every demand? Instance 2.—He wakes at 4.30 p.m. and is carried round for half an hour to amuse him. Mother then wants to put him down, but he doesn't agree. Is it too early to establish discipline by putting him down even though he cries, or are his mother's protection, warmth, and love to be accorded him at his every command? Perhaps my question amounts to this: Is an infant to be allowed to rule his parents?

**A.**—The final sentence of this inquiry—"Is an infant to be allowed to rule his parents?"—suggests that the main problem may lie in this attitude that implies a rival status—"Who shall rule?" This and other phrases describing a baby of 3 months—"he evidently wants company"; "doesn't agree [with his mother]"; "at his every command"—presuppose intellectual processes as yet undeveloped. Intellectually it is of course evident that an infant's reactions are conditioned only by his needs, which he expresses by crying, having no other language. Emotionally it is much more difficult to accept this fact, for the child's unhappiness, violently expressed, seems to his parents like a challenge, though actually it is for their care that he cries. It is surely natural that, since a child begins his foetal life as an extension of his father and mother, after birth he still remains in their feelings as part of themselves—a biological attachment invaluable in evoking love and protection, but disturbing also when the "devilry of infancy" becomes

involved in this identification. In this way the moral self-condemnation irrationally aroused in the best of parents may become projected in their child.

In dealing with the baby who demands attention, it may help to regard the behaviour as objectively as any phenomena of disorder, to seek the cause and to treat it. It seems that there is a lack of satisfaction somewhere, and for this reason, although the baby's physical needs are well cared for, it is possible that he is conscious of over-anxiety in handling or of lack of maternal warmth. Insecurity in those who look after him is quickly sensed by a baby, with consequent anxiety and distress. In this case his parents, who have taken the trouble to consult the *Journal* on his behalf, may by this token of good intent towards their child feel the confidence in themselves that they deserve.

### Ingrowing Eyelash

**Q.**—A male aged 40 has for two years had an ingrowing eyelash on the left lower lid which impinges on the eyeball and has to be plucked out. He does not wear glasses. Is there any way of preventing this eyelash from growing?

**A.**—A single lash is best treated by electrolysis. This is likely to produce permanent epilation. A fine electrolysis needle attached to the negative pole is entered towards the root of the lash. The current used is 1 to 3 mA for twenty to thirty seconds. A bubble of white foam forms at the point of electrolysis. The procedure is best carried out after preliminary infiltration analgesia by 1 ml. of 4% "novacain"; it is, however, possible to dispense with this.

## NOTES AND COMMENTS

**Ejaculatio Praecox.**—CONSULTANT writes: One of your recent questions (May 31, p. 794) was "What advice should be given to a healthy man, newly married, who ejaculates prematurely?" I have dealt with many of these cases and I find that in the majority of them some such advice as the following is of great assistance. What I say to the patient is something like this: "Premature ejaculation is of no consequence; you must train yourself for intercourse just as you would for any other activity. Have one intercourse early in the evening and do not worry about the premature ejaculation. Then take your wife out to dinner, the theatre, or a film and have a pleasant evening together. On returning home, you will find that a second attempt will be more successful. A third later the same night may be completely successful. This technique should be repeated twice a week, or perhaps even three times."

**Birthday Honours.**—The names of Edwin Arthur Blok, L.R.C.P.-&S.Ed., lately Assistant Director of Medical Services, Ceylon, and Carol Jameson, F.R.C.S., F.A.C.S., Vice-Principal, Missionary Medical College for Women, Vellore, North Arcot District, Madras, were omitted from the Birthday Honours published in the *Journal* of June 21 (p. 895). Dr. Blok was appointed C.B.E. (Civil Division) and Miss Jameson was awarded the Kaisar-i-Hind Gold Medal for public services in India.

**Correction.**—In the issue of June 14 (p. 859) the O.B.E. was incorrectly attributed to Prof. D. Murray Lyon.

## INCOME TAX

### Colonial Pension

H. asks whether a pension given for colonial medical service is regarded as earned or unearned income.

\* \* Under Sec. 14 (3) of the Income Tax Act, 1918, "earned income" is defined as including "any income arising in respect of . . . any pension . . . given in respect of the past services of the individual . . . in any office or employment of profit. . . ."

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